

Responding to British Columbia's Public Health Emergency

Progress Update January to July 2020

Background

DUAL Public Health Emergencies: Overdose and COVID-19

On March 11, 2020, the World Health Organization declared COVID-19, caused by a novel coronavirus, a pandemic, citing concern over alarming levels of spread and severity across the globe. In British Columbia, a public health emergency due to COVID-19 was declared on March 17, 2020. British Columbia is in a unique situation, with the current crisis compounding an existing public health emergency declared in April 2016, due to escalating opioid overdoses and related deaths.

The intersection of these dual public health emergencies poses a number of risks for people who use substances, including the risk for overdose and other harms related to an increasingly toxic illicit drug supply and reduced service delivery, the risk of infection and spread of infection among those with underlying health conditions and who face social marginalization, and risks due to withdrawal for those who must self-isolate or quarantine to prevent the spread of COVID-19.

Despite escalated efforts across the province, British Columbians continue to experience high rates of overdose-related harm including death due to an unregulated drug supply that is unpredictable and highly toxic.

After seeing a steady decline in 2019, BC Coroners Service data for the first seven months of 2020 shows an alarming increase with 909 deaths from a confirmed or suspected illicit drug toxicity. In July 2020, there were 175 suspected illicit drug toxicity deaths. This represents a 136% increase over the number of deaths seen in July 2019 (74). The July total also represents the third consecutive month where the number of illicit drug toxicity deaths has surpassed 170. At no other time has there been more than 170 deaths in a month. The 175 deaths reported in July is the second highest total ever in BC, with June 2020 remaining the highest monthly total, with 177 illicit drug toxicity deaths.¹

Overdose continues to be the leading cause of unnatural death in British Columbia surpassing homicides, suicides, and motor vehicle collisions² and life expectancy at birth is declining in British Columbia largely due to the public health emergency.³

The overdose public health emergency combined with COVID-19 pandemic necessitates a comprehensive response that includes both innovation and evidence-based approaches. This report provides an update of recent actions between January 2020 and July 2020, led by the Ministry of Mental Health and Addictions (MMHA) working in collaboration with key partners including the Provincial Health Officer, other ministries, health authorities, the First Nations Health Authority, Indigenous serving organizations, and people with lived and living experience.

Drug Toxicity Death Statistics for January 1, 2019 to July 30, 2020

According to the BC Coroners Service,⁴ at least 909 people died from confirmed or suspected drug toxicity between January and July 2020 compared to 618 in the same time period in 2019.

¹ BC Coroners Service. (2020a). *Illicit Drug Toxicity Deaths in BC, January 1, 2010 to July 31, 2020*. Available at: <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/illicit-drug.pdf>.

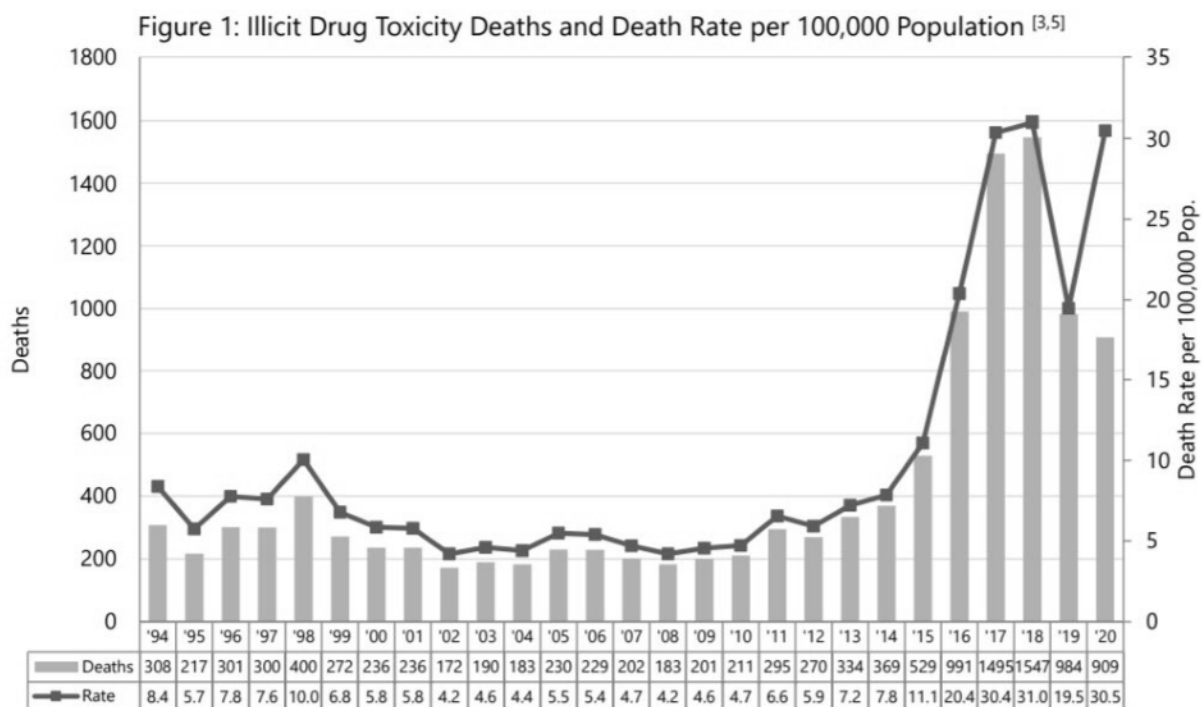
² BC Coroners Service, 2020a.

³ Statistics Canada. (2020) *Life tables, 2016/2018*. <https://www150.statcan.gc.ca/n1/daily-quotidien/200128/dq200128a-eng.htm>

⁴ BC Coroners Service, 2020a.

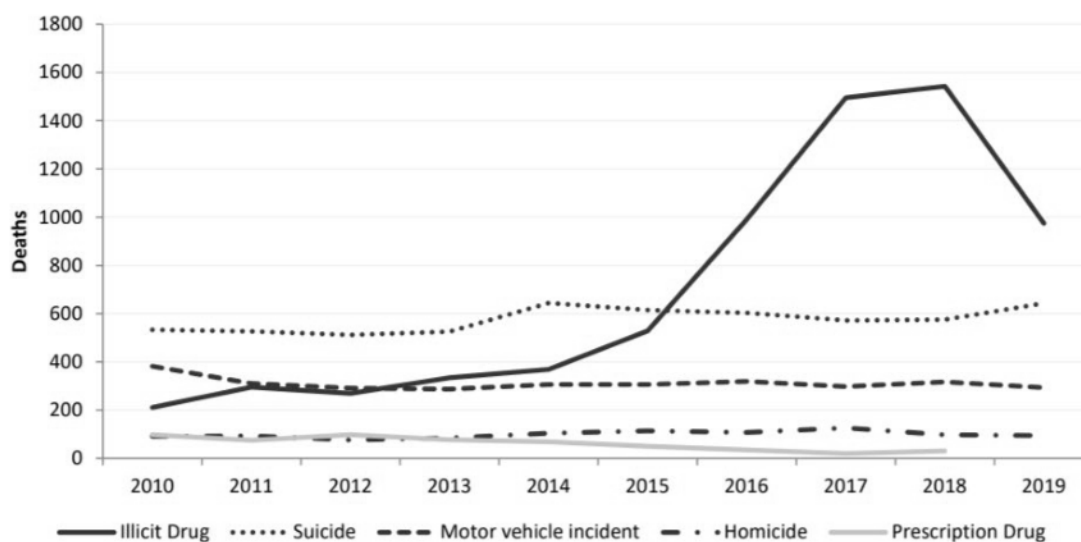
- There were 175 suspected illicit drug toxicity deaths in July 2020. This represents a 136% increase over the number of deaths seen in July 2019 (74).
- The July 2020 total represents the third consecutive month where the number of illicit drug toxicity deaths in BC has surpassed 170. At no other time has there been more than 170 deaths in a month.
- The number of illicit drug toxicity deaths in July 2020 equates to about 5.6 deaths per day.
- For the first seven months of 2020, 68% of those dying were aged 19 to 49. Between April 2020 and July 2020, more than one-third (35%) of illicit drug toxicity deaths involved people 50 years or older compared to 26% between January 2020 and March 2020. In 2018 and 2019, 31% of decedents were 50 years or older.
- Males accounted for 79% of deaths in 2020 to date, slightly higher than in 2019 (76%).
- By Health Authority (HA), in 2020, the highest number of illicit drug toxicity deaths were in Fraser and Vancouver Coastal Health Authorities (285 and 254 deaths, respectively), making up 59% of all such deaths during this period.
- By Health Authority (HA), in 2020, the highest rates were in Vancouver Coastal and Northern Health Authorities (35 deaths per 100,000 individuals). Overall, the rate in BC is 31 deaths per 100,000 individuals in 2020, similar to rates in 2017 and 2018.
- By Health Service Delivery Area (HSDA), in 2020, the highest rates were in Vancouver, Northeast, Northern Interior, Thompson Cariboo, and South Vancouver Island.
- In 2020, 85% of illicit drug toxicity deaths occurred inside (56% in private residences and 29% in other residences including social and supportive housing, SROs, shelters, and hotels and other indoor locations) and 14% occurred outside in vehicles, sidewalks, streets, parks, etc.
- No deaths have been reported at supervised consumption sites or drug overdose prevention services.

Due to the short time frame, drug toxicity death-related data should be interpreted with caution and are subject to change as investigations are completed.



Comparison to Other Common Causes of Unnatural Deaths from 2010 to 2019:

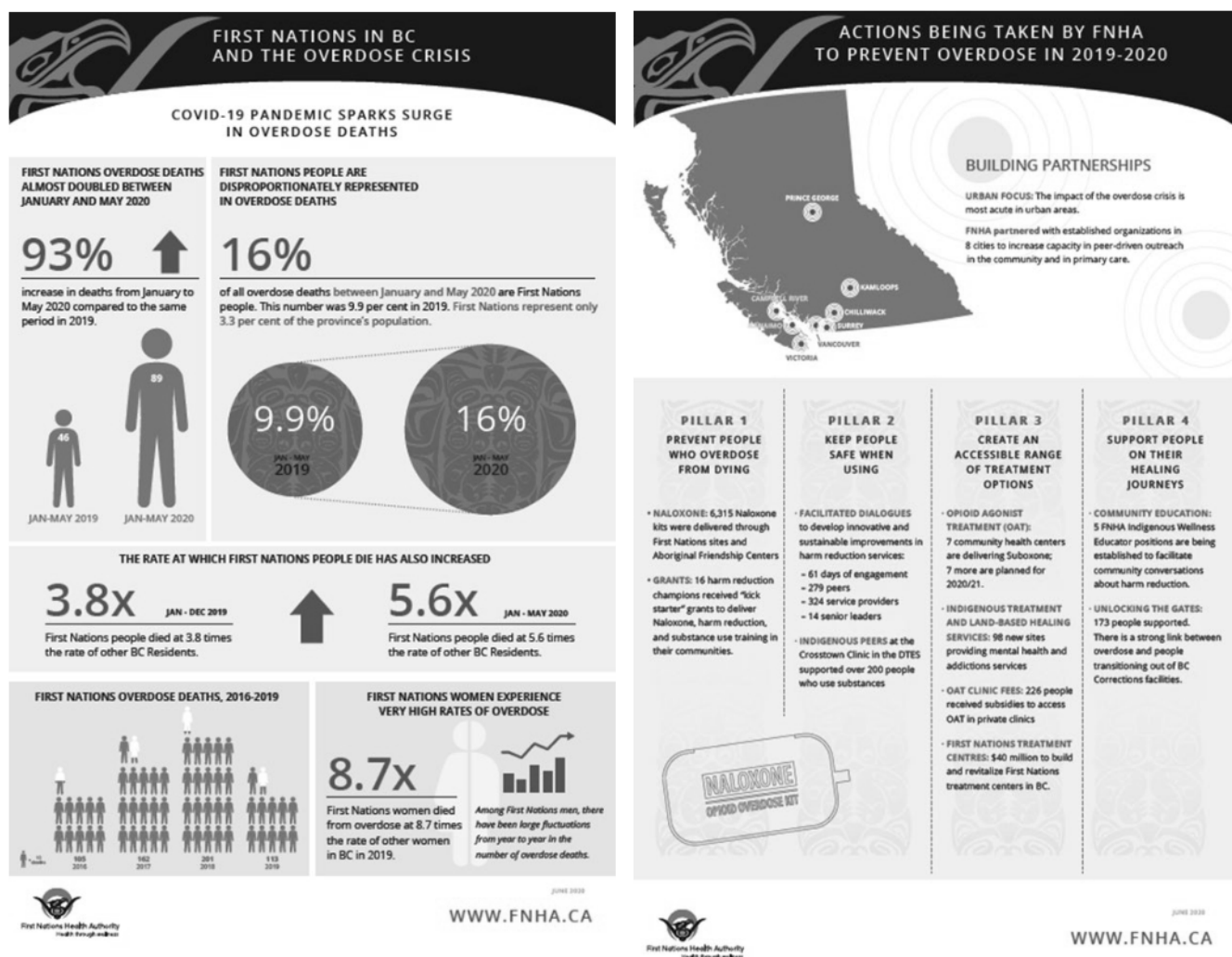
Figure 2: Major Causes of Unnatural Deaths in BC



*Prescription drug toxicity deaths (accidental and undetermined) include cases where only a prescription drug is involved and reported for closed investigations only to 2018.

Drug Toxicity Deaths Among First Nations Individuals in British Columbia

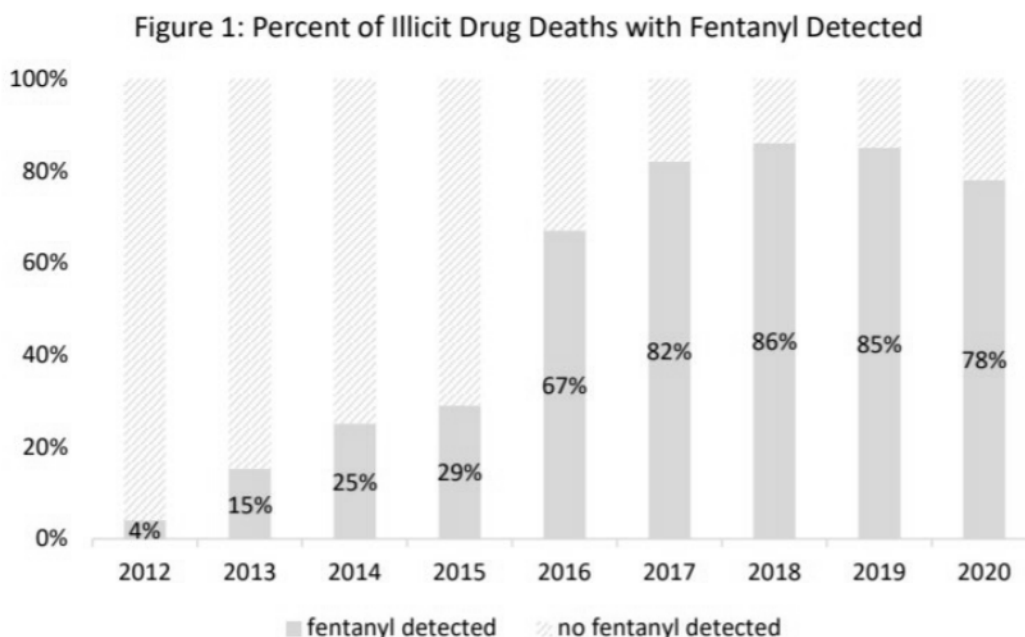
- Suspected illicit drug toxicity deaths spiked between January and May this year. During this period, 89 First Nations individuals lost their lives. This is a 93% increase in deaths compared to the same period last year.
- First Nations people represent 3.4% of the province's population yet accounted for a staggering 16% of all overdose deaths in British Columbia from January to May of this year. So far this year, First Nations individuals have died at 5.6 times the rate of other BC residents, while in 2019 the ratio was 3.8.
- Among First Nations men, there have been large fluctuations from year to year in the number of overdoses.
- First Nations women died from overdose at 8.7 times the rate of other women in BC in 2019.⁵



⁵ FNHA. (2020). *First Nations in BC and the Overdose Crisis. Infographic*. Available at: <https://www.fnha.ca/Documents/FNHA-First-Nations-in-BC-and-the-Overdose-Crisis-Infographic.pdf>.

Fentanyl and Other Substances

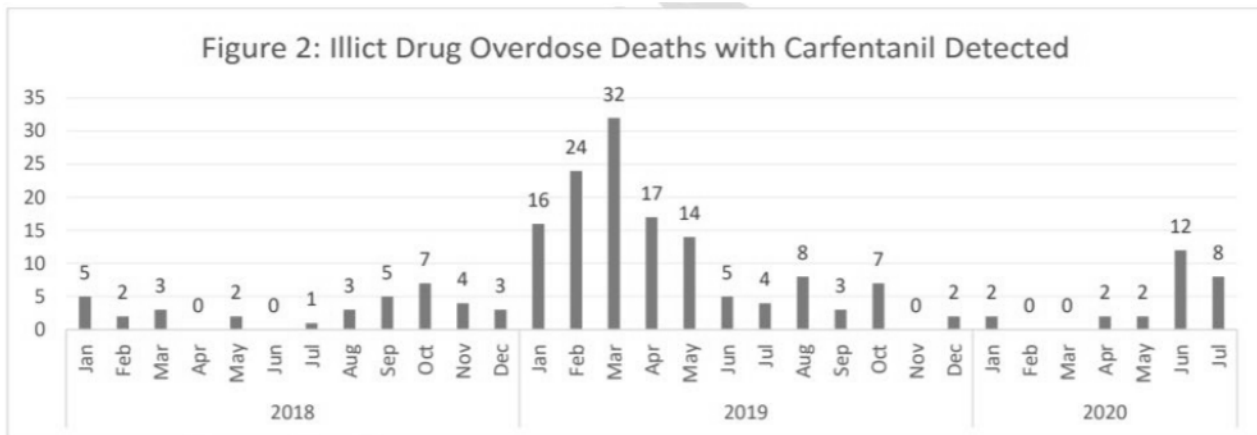
Data from January 1, 2020 to July 31, 2020 suggest that the proportion of confirmed or suspected drug toxicity deaths with fentanyl or its analogues detected (alone or in combination with other drugs) is approximately 78%, compared to 85% of illicit drug toxicity deaths in 2019.⁶ Post-mortem toxicology results suggest that there has been a greater number of cases with extreme fentanyl concentrations in April to July 2020 compared with previous months (concentrations exceeded >50ug/L (micrograms/litre)). From April to July 2020, approximately 13% of cases had extreme fentanyl concentrations as compared to 8% from Jan 2019 to March 2020. (Note: The 2020 data will change as further toxicology results are received.)



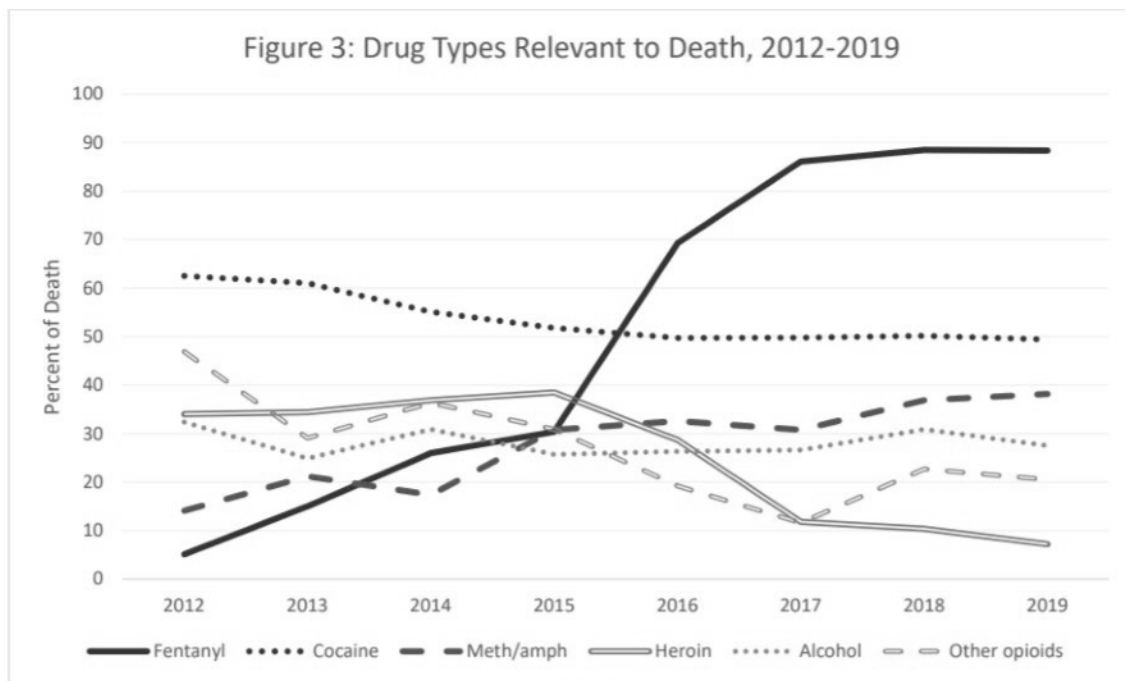
A continued concern is an increase in carfentanil detection in confirmed or suspected drug toxicity deaths. Carfentanil is a synthetic opioid roughly 100 times more toxic than fentanyl and has been detected in 26 deaths in 2020, and 132 suspected illicit toxicity deaths in 2019, more than three times as many toxicity deaths compared to 2018 (35).⁷ (This data is subject to change as further toxicology results are received.)

⁶ BC Coroners Service. (2020b). *Fentanyl-Detected Suspected Illicit Drug Toxicity Deaths, January 1, 2012- July 30, 2020*. Available at: <https://www2.gov.bc.ca/assets/gov/birth-adoption-death-marriage-and-divorce/deaths/coroners-service/statistical/fentanyl-detected-overdose.pdf>.

⁷ BC Coroners Service, 2020b.



Also, of concern is the continued evidence that polysubstance use is a growing and significant public health issue in British Columbia. Among the drug types involved in illicit drug toxicity deaths, methamphetamine has increased from 14% in 2012 to 38% in 2019. Cocaine, heroin, and other opioids have steadily declined from 2012 to 2019; however, cocaine remains involved in 49% of illicit drug toxicity deaths in 2019.⁸



⁸ BC Coroners Service, 2020a.

Overdose and COVID-19

Measures enacted to prevent the transmission of COVID-19 may have unintentionally resulted in negative consequences for people who use substances that ultimately increase the risk of overdose and death. This relates to both increased drug toxicity and the context of use (patterns of use and settings) which disproportionately affect already marginalized people.

While it is too soon to determine exactly why overdose deaths increased so significantly in March to July of 2020, health authority, and service provider partners have observed the following:

- Border closures and shipment disruption can potentially reduce availability of precursor chemicals and may precipitate a shift to domestic production. This can introduce more toxic substances into the drug supply, making it even more unpredictable. As noted previously, the BC Coroners Services has found extreme fentanyl concentrations in at least 13% of overdose deaths. A widespread increase in community drug alerting notes the presence of unexpected, dangerous combinations of drugs. These include illicitly manufactured benzodiazepines, acting in tandem with opioids and causing respiration depression. Reports also cite difficulty reviving people due to mixtures of fentanyl and sedating drugs and rapid, severe overdose with smoking.⁹
- Attendance at overdose prevention sites and supervised consumption spaces was down by over 50% in both April and May of 2020 compared to the same months in 2019 and continued to be down by over 40% in June 2020 compared to June 2019. Some sites were closed altogether while others reduced their capacity or staffing resulting in limited hours and longer waits times.
- BC Emergency Health Services volumes of paramedic-attended overdose events have been high and steady since late 2016 to the present (increased 2% between 2018 and 2019).
 - In July, paramedics in BC responded to the highest number of overdose calls ever recorded since the opioid crisis was officially declared in 2016.
 - Paramedics were called to 2,706 overdose calls in July or about 87 overdose calls a day in BC. The average is usually about 2,000 overdose calls a month.
 - Vancouver experienced the highest number of calls at 739 with large numbers of calls in other communities from throughout BC.¹⁰
- Changing patterns and settings of use: Risky drug use may be exacerbated by COVID related social isolation, a climate of surrounding deaths and despondency, changes in income and housing, an increasingly toxic drug supply, and anxiety about drug supply predictability.
- Continued high number of people using alone plays a strong role in fatal outcomes of overdose.

⁹ BCCDC. (2020). *Toward the Heart: Information for People Who Use Substances*. Available at: <https://towardtheheart.com/for-pwus#bc-provincial-overdose-alert-1>

¹⁰ BC Emergency Health Services. (2020). Email Correspondence.

- The usual sources to help clients gauge toxicity of the street drug supply were reduced, such as community drug checking and confirmatory testing.

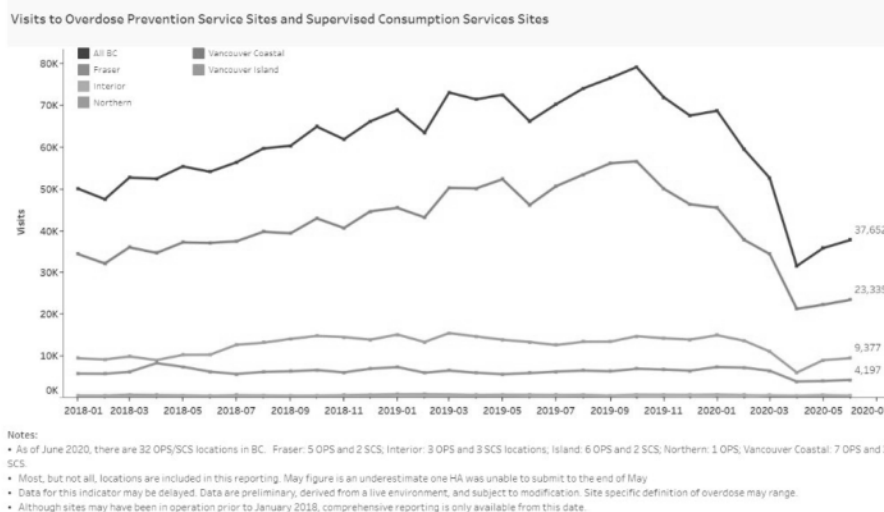
Key Areas of Focus/Summary of Progress Since the Last Report

1. Saving Lives

Services for people who use drugs that help reduce the risk of overdose, reduce the severity of overdose, or provide immediate lifesaving interventions when an overdose has happened.

Progress since the last report.

- As of August 15, 2020, 781,044 kits were shipped since the program started to 1,748 sites throughout BC.¹¹
- As of June 30, there were 21 overdose prevention sites and 11 supervised consumption sites in BC with regional health authority oversight.
- Up to the end of June, 2020 there were 285,219 visits to these sites and 1,549 overdoses survived. Visits to OPS and SCS were down overall by 31% in the first six months of 2020 compared to the same period in 2019. Visits were down by over 50% in both April and May of 2020 compared to the same months in 2019 and continued to be down by over 40% in June 2020 compared to June 2019.



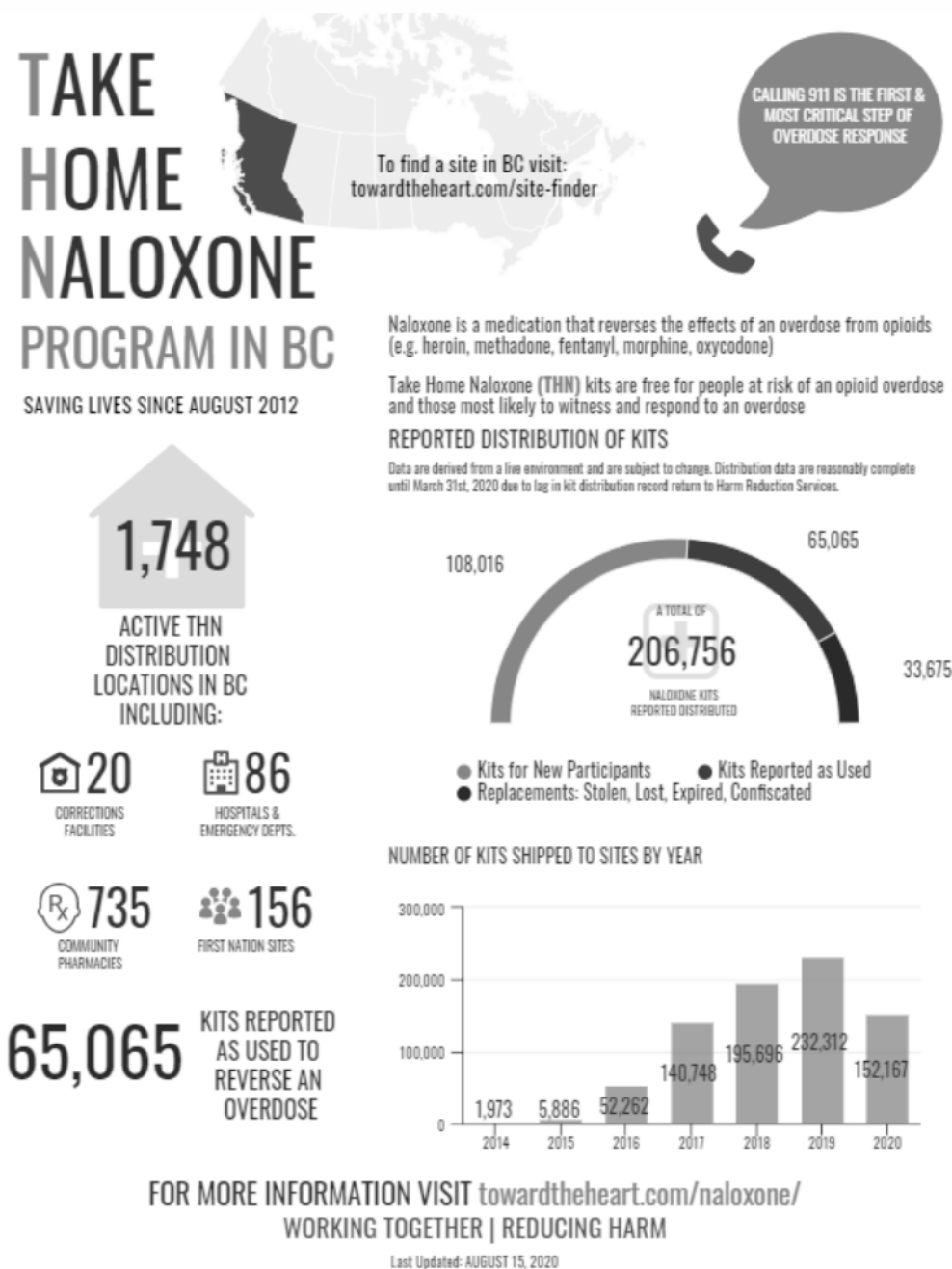
Source: BCCDC; data provided by regional health authorities

- By June 2020, there were 633 Facility Overdose Response Boxes (FORB) sites in BC. These boxes, containing naloxone and supplies for free, are sent to not-for-profit community-based organizations where staff work with clients at risk of experiencing an opioid overdose. Over 1,590 overdoses have been reversed at these sites since 2016.¹²
- In January 2020, Vancouver Coastal Health announced that fentanyl test strips would be available for people to take home from designated sites throughout the Vancouver Coastal Health (VCH) region after results from a new study showed take-home drug checking is as

¹¹ BC Centre for Disease Control (BCCDC). *Take-Home Naloxone Program in BC*. Available at: <https://towardtheheart.com/thn-in-bc-infograph>. Data for this infographic is updated on the 15th of each month.

¹² BCCDC. (2020). *Facility Overdose Response Box Program in BC*. Available at: <https://towardtheheart.com/forb-infograph>.

accurate as drug checking at a health care facility in identifying opioids contaminated by fentanyl.¹³



- In January 2020, Interior Health expanded fentanyl test strips take-home drug-checking in seven sites where services (Interior Health harm reduction community agencies) are already established. Expansion is planned for 10 other sites: Shuswap Indian Band, West Bank First

¹³ Vancouver Coastal Health. (2020). *Take-Home Drug Checking Strips Available Through Vancouver Coastal Health*. See: <http://www.vch.ca/about-us/news/news-releases/take-home-drug-checking-strips-available-through-vancouver-coast-health>

Nation, Little Shuswap, the University of British Columbia – Okanagan, East Kootenay Addictions Services Society, Burdock House, Pathways, Lake Country Health Planning Society, Compass Court and Compass House.

- In March, the Quesnel Community Action Team launched Northern Peer Connections, a peer/nurse mobile outreach services to provide overdose prevention services, naloxone training, harm reduction supplies and drug checking.¹⁴
- In March and April, Fraser Health finalized and distributed Take Home Drug Checking print resources to four locations where harm reduction services are established. Fraser Health also continued to trial take-home fentanyl test strips at four locations where harm reduction services are established. In March, Fraser provided drug-checking training to peers in New Westminster as part of the Community Action Team Street Degree curriculum, which involves harm reduction and overdose prevention training.¹⁵
- In May, Island Health announced that the Vancouver Island Mental Health Society will soon deliver overdose prevention services in Campbell River with extended hours and ability to reach more people who use substances. The previous provider, AVI Health and Community Services Society, continued to deliver overdose prevention services at its site in Campbell until June 15th to connect and transition clients to the new site and services.¹⁶
- To-date, RCMP and municipal police have recorded 723 successful overdose reversals by administering naloxone and 9,770 members (sworn and civilian) have received naloxone training.¹⁷

First Nations Health Authority

- Nasal naloxone is currently provided under health benefits from FNHA on an individual prescribing basis.¹⁸
- The First Nations Health Authority will be launching the First Nations Virtual Substance Use and Psychiatry Services in August 2020.
- As a unique approach to harm reduction, the First Nations Health Authority continues to support local culturally based responses to the overdose crisis such as land-based healing initiatives.
- Compassion, Inclusion, and Engagement (CIE) is a partnership between the First Nations Health Authority (FNHA), the BC Centre for Disease Control (BCCDC) and regional health authorities to support engagement of service users in policy, program planning, development and evaluation with Indigenous cultural safety and cultural humility. Activities include:
 - Working with Northern Health to support northern peer networks and reduce overdoses in rural and remote communities.

¹⁴ BC Government. (May 27, 2020). *Actions to Prevent Overdoses in BC*. Available at: <https://news.gov.bc.ca/factsheets/actions-to-prevent-overdoses-in-bc-1>.

¹⁵ Ibid.

¹⁶ Island Health. (May 14, 2020). *New Provider, Enhanced Access for Overdose Prevention Services in Campbell River*. Available at: <https://www.islandhealth.ca/news/news-releases/new-provider-enhanced-access-overdose-prevention-services-campbell-river>

¹⁷ BC Government. (July 16, 2020). *Actions to Prevent Overdoses in BC*. Available at: <http://news.gov.bc.ca/15140>.

¹⁸ FNHA. (2020). *Nasal Naloxone (Narcan) Now Available at No Cost to BC First Nations*. Available at: <https://www.fnha.ca/Documents/FNHA-Nasal-Naloxone-Fact-Sheet.pdf>.

- Dialogue sessions with Vancouver Coastal Health and Providence Health to respond to specific feedback from Indigenous women as well as serving the broader Indigenous population in Vancouver's Downtown Eastside.¹⁹
- In March 2020, the FNHA initiative Not Just Naloxone (NJN) released flexible grants to NJN graduates to deliver naloxone, harm reduction and substance-use training in their communities.²⁰
- The FNHA Indigenous Wellness Team and Research, Knowledge, and Exchange partnered in a grant to support Indigenizing Harm Reduction in Response to the Opioid Crisis: A scoping review and community-based research project with First Nations in B.C.
- In January 2020, *Culture Saves Lives* an awareness campaign to reconnect people with their culture as a harm reduction and life saving intervention, was invited to Vancouver Island to support conversations on substance use and harm reduction with culture and personal storytelling.

COVID-19 Related Measures

To respond to the dual public health emergencies, the MMHA Overdose Emergency Response Centre and its partners have initiated a comprehensive set of extraordinary measures to support people who use drugs (PWUD) and prevent ongoing community spread of COVID-19 among a vulnerable, often immuno-compromised population.

Naloxone, Overdose Prevention Services and Harm Reduction:

- Service and housing providers have been encouraged to register as facility overdose box sites (FORB) and housing providers have been supported to provide training and THN kits to residents. Medical health officers can declare a residence as a temporary overdose prevention site.
- Overdose prevention and supervised consumption services have been declared essential services. Government has supported these sites to stay open with new COVID-19 measures to help give people confidence that they can continue to use these services safely during the pandemic. Since their inception, these services have played a critical role in connecting people to treatment with more than one million visits, and more than 3,000 overdoses survived and zero deaths.²¹
- BC Ministry of Health and BCCDC released: COVID-19: Provincial Episodic Overdose Prevention Services (e-OPS) Protocol. This protocol provides guidance and support for health and social services staff who may receive requests to observe substance use and respond to overdoses outside of designated or fixed supervised consumption services or overdose prevention services.
- BC Ministry of Health and BCCDC released: COVID-19: Responding to Opioid Overdoses in Overdose Prevention Services and Supervised Consumption Sites. This document provides advice on physical distancing, hand hygiene, surface disinfection and measures for

¹⁹ BC Government. (May 27, 2020). *Actions to Prevent Overdoses in BC*. Available at: <https://news.gov.bc.ca/factsheets/actions-to-prevent-overdoses-in-bc-1>.

²⁰ Ibid.

²¹ BC Government. (June 11, 2020). *Overdose Response Actions – Update*. Available at: <https://news.gov.bc.ca/releases/2020MMHA0027-001042>

protecting staff and clients in the event of an overdose at an overdose prevention or supervised consumption site.

- *Toward the Heart*, the BCCDC Harm Reduction Services program has curated an excellent collection of resources on COVID-19 and substance use for people who use drugs and for service providers.²² These resources include advice on distributing harm reduction supplies during COVID, how to practice safer drug use to decrease COVID transmission, as well as peer produced resources.
- The First Nations Health Authority has created a document for nurses on harm reduction strategies when supporting individuals: Substance Use – Harm Reduction and COVID-19 and resources for Practicing Harm Reduction During COVID-19.
- In March 2020, the SafePoint Overdose Prevention Service in Fraser Health reduced the number of operational booths and extended the hours of the adjacent smoking tent to support service augmentation of episodic overdose prevention services. This is for individuals needing witnessed injection support, harm reduction and overdose prevention, allowing for physical distancing without reducing access. Fraser Health has also supported all housing settings without an overdose prevention service to implement and expand access to take-home drug test strips.
- At the beginning of April, Island Health announced that the Harbour supervised consumption service would go mobile in response to COVID-19. Island Health also announced that overdose prevention services in Campbell River, Courtenay, Nanaimo, Port Alberni, Cowichan and Victoria remained open. Service providers at these sites reduced the number of people accessing the site at one time to allow for adequate distancing between clients. In addition, cleaning protocols increased, and clients are being provided with information and education about taking relevant precautions.²³ The Harbour's fixed site reopened in mid-June with enhanced safety measures to protect clients and staff from COVID-19.²⁴
- On April 9, 2020 Vancouver Coastal Health announced that during the COVID-19 pandemic all overdose prevention sites (OPS) and supervised consumption sites, except for the Maple OPS (due to space), remained open. Some booths have been closed to maintain social distancing. Alley patrols have been increased to ensure people can still access services.²⁵
- April 28, 2020, Vancouver Coastal Health launched the Inner-City COVID-19 Response Strategy to reduce the impacts of the opioid overdose and COVID-19 public health emergencies for people living in Vancouver's inner-city communities.²⁶
- In May, Interior Health enhanced mental health and substance use services in downtown Vernon including overdose prevention services and completed community-specific education and training for 13 peers in Kelowna and West Kelowna, eight peers in Vernon,

²² BCCDC. (2020). *Toward the Heart: Information on COVID-19*. Available at: <https://towardtheheart.com/covid-19-resources>.

²³ Island Health. (2020, April 1). *The Harbour supervised consumption service goes mobile in response to COVID-19 needs*. Available at: <https://www.islandhealth.ca/news/news-releases/harbour-supervised-consumption-service-goes-mobile-response-covid-19-needs>

²⁴ Island Health. (June 16, 2020). *Overdose Prevention Services Resume at the Harbour*. Available at: <https://www.islandhealth.ca/news/news-releases/overdose-prevention-services-resume-harbour>

²⁵ BC Government. (April 27, 2020). *Actions to Prevent Overdoses in BC*. Available at:

²⁶ Vancouver Coastal Health. (April 28, 2020.). *Inner-City Covid-19 Response Strategy Based on Three Pillars: Prevent, Test and Trace Support*. Available at: <http://www.vch.ca/about-us/news/news-releases/inner-city-covid-19-response-strategy-based-on-three-pillars-prevent-test-and-trace-support>

11 peers in the Kootenays and four in Kamloops. Training focused on reducing harms and promoting the health of people who use substances during COVID-19.²⁷

- Lifeguard App: On May 20th, 2020, the Provincial Health Services Authority announced the launch of the Lifeguard mobile application which is intended to reduce the risk of fatal overdose for individuals using alone and for those who have access to a cell phone with WIFI and/or data. As of August 1, 2020, there were 4,178 all-time sessions, with 1,467 unique users.
- To reduce the spread of COVID-19, the BC Centre on Substance Use with the support of the Province of BC, issued the guidance document: Risk Mitigation in the Context of Dual Public Health Emergencies.²⁸
 - The guidance supports people who are at risk of an overdose, COVID-19 infection, people who have a confirmed infection or a suspected case pending diagnosis and people who have a history of substance use, including opioids, stimulants, alcohol, benzodiazepines or tobacco.
 - To reduce the risk of transmission, the guidance outlines steps that prescribers, pharmacists and care teams can take to support the provision of medications – including prescription alternatives to the illegal drug supply.
 - The guidance was developed by the BC Centre on Substance Use with a provincial working group of addiction medicine clinicians and people with lived and living experience, and was reviewed by Ministry of Health, Ministry of Mental Health and Addictions, Office of the Provincial Health Officer and the First Nations Health Authority. It has also been reviewed by the College of Physicians and Surgeons of BC, College of Pharmacists of BC and BC College of Nursing Professionals.²⁹
 - The guidance was accompanied by a series of BCCSU webinars for prescribers, nurses, pharmacists and others, attended by over 3,000 people between April and June 2020.
 - The BCCSU has also produced several documents to support the guidance including a Background for People who Use Drugs, and a patient postcard and poster. In April the Ministry of Mental Health and Addictions printed 10,000 patient postcards for distribution by regional health authorities and community services providers.
 - The Ministry of Mental Health and Addictions and the Ministry of Health along with key partners including the BC Centre for Disease Control, the Canadian Institute of Health Research, the BC Centre on Substance Use and the Centre for Excellence in HIV/AIDS have developed an evaluation plan which will monitor patient access and uptake and evaluate the impact of this guidance on COVID-19 infection and other health outcomes.
 - Provincially there was an 222% (677 to 2,181) increase in the number of people receiving hydromorphone in July 2020 compared to March 2020. This data represents all

²⁷ Ibid.

²⁸ BCCSU. (2020). *Risk Mitigation in the Context of Dual Public Health Emergencies*. Available at: <https://www.bccsu.ca/wp-content/uploads/2020/05/Risk-Mitigation-in-the-Context-of-Dual-Public-Health-Emergencies-v1.6.pdf>

²⁹ Province of British Columbia. (2020, March 26). *New Clinical Guidance to Reduce Risk for People Drug Dual Health Emergencies*. Available at: <https://news.gov.bc.ca/releases/2020MMHA0008-000572>.

dispensing from community pharmacies. The portion of dispensing related to the Risk Mitigation guidance will be determined by the evaluation team.³⁰

BCCDC Knowledge Products

On April 23, 2020, the BCCDC released, [Prevalence of Risk Factors for Developing Severe Acute Respiratory Syndrome Coronavirus 2 \(COVID-19\) in the Provincial Overdose Cohort](#). The findings of this review show that compared to the general population, people in BC who have had an overdose:

- Tend to younger but are more likely to have several co-occurring physical health conditions (e.g. chronic pulmonary disease, coronary heart disease, etc.).
- Are at a higher risk of severe COVID-19 symptoms because of these co-occurring conditions.
- Are likely to experience poverty and homelessness, limiting capacity for physical distancing and self-isolation.
- Experience competing risks related to the intersection of the overdose crisis and COVID-19 pandemic.

Provincial Mobile Response Team

The Provincial Overdose Mobile Response Team was created in May 2017 with support from the BC Ministry of Health and BC Ministry of Mental Health and Addictions in recognition of the psychosocial impacts the provincial overdose public health emergency is having on first responders, frontline workers and people with lived experience/peers. The purpose of the provincial overdose Mobile Response Team is to give immediate, short-term support to those affected by the public health emergency. This includes people who have been impacted by critical incidents such as multiple overdoses and/or deaths during the course of their work.

The team provides skill-building opportunities to enhance resiliency and the capacity to cope with the trauma of responding to multiple overdoses, deaths and loss. The diverse backgrounds of the team include first responders, psychologists, traumatologists, counsellors and art therapists.

2. Ending Stigma

Activities that reduce negative attitudes about people who use drugs that may keep people from seeking and receiving help for problematic substance use.

MMHA has created content to address the dual public health emergencies BC is currently facing – the COVID-19 pandemic and ongoing overdose crisis. This content includes approximately 15 web articles that offer guidance for individuals experiencing mental health challenges during COVID-19 and harm reduction information for people who use substances. This information highlights virtual services and aims to keep people safer and well during these challenging times. The information was promoted and published online in the following ways:

- Publications on [Vancouver Sun](#) and [Vancouver Is Awesome](#)

³⁰ Government of British Columbia. (2020). *Minister's Statement on May's Illicit Drug Toxicity Deaths Report*. Available at: <https://news.gov.bc.ca/releases/2020MMHA0027-001042>.

- Featured on the [BC COVID-19 Support App](#); posted on the [Government of British Columbia website](#) (gaining over 52,000 pageviews) and added to the site's COVID-19 digital assistant chat box
- Ongoing articles and blogposts (viewed more than 9,000 times) on [StopOverdoseBC.ca](#), including resources translated in Punjabi, Traditional Chinese and Simplified Chinese
- Promoted in MMHA's eNewsletter which is sent to partner organizations and a general public mailing list of 1,250 subscribers
- Promoted relevant COVID-19 related materials on [StopOverdoseBC.ca](#) through partner outreach and sharing on social media.

3. Building a network of evidence-based treatment and recovery services:

Evidence-based services that support people living with opioid use disorder (OUD) and at risk of overdose.

Progress since last report:

- During the month of July 2020, 23,067 clients were dispensed any Opioid Agonist Treatment (OAT) up from 19,207 in June 2017. Increasing access to OAT, including buprenorphine/naloxone and methadone, has been an important part of the overdose response. The number of individuals on OAT and the numbers of providers continues to increase each month. Buprenorphine/naloxone and slow-release oral morphine are increasing faster than methadone.
- The number of health care providers prescribing opioid agonist treatment increased from 773 in June 2017 to 1,558 in June 2020.
- In March the BCCSU released a bulletin: COVID-19: Information for Opioid Agonist Treatment. This bulletin presents guidance and considerations for OAT prescribers and pharmacists in BC to ensure patients can access needed medications while reducing COVID-19 related risks, during the dual public health emergencies.
- On March 19, 2020, Health Canada issued the following exceptions for prescriptions of controlled substances under the *Controlled Drugs and Substances Act* (CDSA)
 - permit pharmacists to extend prescriptions;
 - permit pharmacists to transfer prescriptions to other pharmacists;
 - permit prescribers to issue verbal orders (i.e., over the phone) to extend or refill a prescription; and
 - permit pharmacy employees to deliver prescriptions of controlled substances to patient's homes or other locations where they may be (i.e. self isolating).
- The BC College of Pharmacists has also made temporary amendments to permit the delivery of opioid agonist treatment by non-pharmacists. This amendment allows pharmacists to authorize nurses or other regulated care providers, pharmacy employees, including pharmacy technicians and pharmacy assistants, to deliver OAT on a pharmacist's behalf in exceptional circumstances where it is not possible for a pharmacist to deliver OAT. This temporary amendment is meant to support people who need OAT medications but are required to self-isolate due to suspected or confirmed cases of COVID-19. A delivery option

is still fully at the discretion of the pharmacist but will provide additional tools to support self isolation.³¹

- BC has increased access to injectable opioid agonist treatment (iOAT) in all health authorities with the exception of Northern. Clinics are located in high-need communities as determined by overdose surveillance data, including Surrey, Kelowna, Victoria and multiple Vancouver locations. Subsequent to the positive trial results and availability of prescriber training through the BCCSU, the number of people dispensed iOAT (both hydromorphone and diacetylmorphine products) has increased from 128 individuals in May 2019 to 214 as of May 2020.³²
- A nurse practitioner has completed an injectable opioid agonist treatment fellowship to provides iOAT services in Prince George and discussions are underway with Northern Health about the appropriate model for iOAT and TiOAT in that region.
- In November 2019, the BC government approved the expansion of tablet injectable opioid agonist treatment (TiOAT) from 50 patients to 335 in Vancouver Coastal and Interior Health Authorities. Recently, expansion was also approved for Fraser Health for 25 spots, thus increasing the total provincial capacity to approximately 360.
- In February 2020, Interior Health introduced TiOAT, now prescribed to patients with opioid use disorders in Kamloops, through a contract with ASK Wellness Society. This approach is gaining recognition as a successful third-line treatment for people with severe opioid use disorder.³³
- In June, the Minister of Mental Health and Addictions announced that youth around British Columbia and their families will have faster, easier access to mental health and substance use services and supports with eight new Foundry centres to be developed throughout the province. The new Foundry centres will be in Burns Lake, Comox Valley, Cranbrook, Langley, Squamish, Surrey, Port Hardy and Williams Lake. The new locations, as with all Foundry centres, will offer increased access to integrated health and wellness services for young people aged 12 to 24 in both rural and urban communities. Each centre will offer primary care, youth and family peer supports, walk-in counselling, mental health and substance use services, and social services all under one roof, making it easier for youth to get help when they need it.³⁴
- In July the Government of Canada in conjunction with the Honourable Judy Darcy and Dr. Richard Stanwick, Chief Medical Officer, Island Health, announced approximately \$2 million in funding for a pilot project in Island Health. This innovative project will provide pharmaceutical grade medication as an alternative to the toxic illegal drug supply for people in the Cowichan Valley who have not responded to other forms of treatment for opioid use disorder.³⁵

³¹ BC College of Pharmacists. (2020). *COVID-19 Updates*. https://www.bcpharmacists.org/covid19#Delivery_Pickup

³² BCCDC. (2020). *Number of Clients Dispensed OAT*. Available at: <http://www.bccdc.ca/health-professionals/data-reports/overdose-response-indicators#OAT>. The number of clients dispensed iOAT is lower than the actual number of patients as some dispensing of iOAT is performed by hospital pharmacies.

³³ BC Government, April 27, 2020.

³⁴ BC Government. (June 15, 2020). *New Foundry Centers Improve Access to Vital Services for Youth*. Media Release: <https://news.gov.bc.ca/releases/2020MMHA0028-001053>

³⁵ BC Government. (July 15, 2020). *Government of Canada Supports Safer Supply Project in BC*. Available at: <http://news.gov.bc.ca/22637>.

- On July 24, 2020, the Province announced that \$288,000 in grant funding has been allocated to Dan's Legacy Foundation to provide continued support for four therapists to provide trauma-based mental health and addictions counselling for youth. Funding will be used to improve access to the foundation's trauma-informed and culturally sensitive counselling services. The services are holistic and combine cognitive behaviour therapy, dialectical behaviour therapy and mindfulness.³⁶
- On July 10, 2020, the Province announced that it will be investing \$16 million in new treatment and recovery beds and to support existing services that have been challenged by COVID-19. Of the overall investment, \$13.5 million in grant funding will increase the number of treatment and recovery beds throughout the province for people struggling with substance use challenges. This funding is estimated to add 50 to 70 new publicly funded beds to help more people over the next three years. Grant funding will also be administered through the Canadian Mental Health Association in consultation with the Ministry of Mental Health and Addictions and health authorities – and will prioritize underserved communities. Applications will open in August 2020 for eligible licensed and registered not-for-profit and private service providers.³⁷
- On July 13, 2020, the Province announced that new integrated teams will provide people who use substances in BC with greater access to ongoing support and health care services with seven new and nine expanded substance use teams.
 - The new and expanded teams help ensure that people can access the health care system and can stay connected to a range of care options tailored to their needs. Teams also provide services to prevent overdoses and connect people to ongoing treatment as they work toward wellness and recovery. The services are tailored to the needs in each community and are comprised of a range of professionals working together, including nurses, counsellors, social workers and peers to provide individualized, person-centred care, such as:
 - outreach workers that bring services to people and help them get connected to services;
 - a mix of clinical services and social supports including access to prescribers for prescription alternatives to the toxic drug supply;
 - support for people during transitions to ensure continuity of care;
 - in-reach services to provide even more support for people with substance use challenges residing in supportive housing, as well as hotels or emergency response centres during COVID-19; and,
 - connections to primary care.
 - The initiative will support adult clients as well as youth and young adults for whom adult services are more appropriate. Depending on the team, people may be connected through self-referral or referral from health care service providers. The initiative will

³⁶ BC Government (July 24, 2020). *Mental Health and Substance Use Counselling to Help Youth at Risk*. Available at: <http://news.gov.bc.ca/22719>.

³⁷ BC Government. (July 10, 2020). *New Beds, Support to Help People Access Addictions and Recovery Care*. Available at: <http://news.gov.bc.ca/22588>.

provide \$4.27 million in annual funding in 2020-21 to regional health authorities across the province for new and enhanced team-based substance use care.³⁸

- After COVID-19 delayed the start in the spring of 2020, the Learning about Opioid Use Disorder (LOUD) in the Emergency Department was relaunched in June 2020. LOUD is a learning collaborative from the BC Patient Safety and Quality Council, in collaboration with the BC Centre on Substance Use and the Overdose Emergency Response Centre. Teams from 25 emergency departments will learn about opioid use disorder, engage in quality improvement activities, share lessons learned and successful strategies, and tackle stigma and treatment barriers in their departments. Led by a group of interdisciplinary expert faculty in emergency and addictions care, teams will use an “all teach-all learn” collaborative model to improve opioid use disorder care in their departments.

Indigenous-Led Solutions:

- \$40 million provided to upgrade First Nations-run treatment centres throughout B.C. will link more people to treatment and recovery. Plans call for eight projects: two new facilities and six replacement facilities in coming years.
- Land-based healing: \$23 million for critical, land-based, cultural programs that support healing from trauma and strengthen resiliency.
- \$44 million to the First Nations Health Authority to support the overdose emergency response as it relates to First Nations communities.³⁹

Other Updates

- Due to COVID-19, the HUB at St Paul's Hospital Emergency and the Transitional Care Centre (TCC) were re-designated during the pandemic response. The Rapid Access Addictions Clinic (RAAC) is currently operating out of the HUB and the TCC resumed adjusted operations in May. The TCC is back to regular operations and the RAAC is due to relocate from the HUB by Sept. 1, 2020.
- The RAAC at St. Paul's has supported more than 6,500 clients since opening in September 2016, seeing an average of 42 new patients each week and 2,500 people referred to the community for ongoing care. Increasing numbers of new patients are now accessing the RAAC for risk mitigation prescriptions during COVID-19.⁴⁰
- B.C. has also significantly expanded access through Rapid Access to Addictions Care clinics in all health regions (42 new patients per week, with 2,500 referred to community for ongoing care) so that more people can access the care they need, where and when they need it.⁴¹
- Due to COVID-19, Fraser Health has implemented emergency response centres and isolation centres across the region to prescribe opioid agonist treatment (OAT) and use the

³⁸ BC Government. (July 13, 2020). *New Substance Use Teams Will Keep People Connected to Services, Treatment*. Available at: <http://news.gov.bc.ca/22610>.

³⁹ BC Government. (June 11, 2020). *Overdose Response Actions – Update*. Available at: <https://news.gov.bc.ca/releases/2020MMHA0027-001042>.

⁴⁰ BC Government. (July 16, 2020). *Actions to Prevent Overdose - Update*. Available at: <https://news.gov.bc.ca/factsheets/actions-to-prevent-overdoses-in-bc-1>

⁴¹ BC Government. (June 11, 2020). *Overdose Response Actions – Update*. Available at: <https://news.gov.bc.ca/releases/2020MMHA0027-001042>

risk mitigation guidelines and provide access to overdose prevention services (OPS) and harm-reduction.⁴²

- In April, Island Health announced that the Cowichan Valley will soon benefit from a new Wellness and Recovery Centre. The new Centre, which opens in fall 2020, will provide a range of services to support people living with addiction and mental health concerns. It will bring together primary care, harm reduction, case management, overdose prevention, and on-site treatment in one location.⁴³
- Northern Health has implemented a substance use stream as part of its virtual COVID-19 clinic that connects patients to addiction medicine specialists.⁴⁴

Provider education/training and supports

- In June, the BCCSU opened the *24/7 Addiction Medicine Clinician Support Line* to provide telephone consultation to physicians, nurse practitioners, nurses and pharmacists who are involved in addiction and substance use care and treatment in BC.⁴⁵
- As of June 5, 2017, the BCCSU became responsible for the educational and clinical care guidance activities for all health care professionals who prescribe medications to treat OUD. Healthcare professionals from various disciplines have benefited from the education opportunities below, including physicians, nurses, pharmacists, social workers, and other allied health care professionals. The BC Centre on Substance Use also supports education of substance use service providers through its Provincial Opioid Addiction Treatment Support Program and its Addiction Care and Treatment Online Certificate program.
- As of June 1, 2020:
 - The BC Centre on Substance Use's (BCCSU) addiction care and treatment online certificate has had more than 16,000 registrants since launching in February 2019.⁴⁶
 - More than 6,000 clinicians have registered in the BCCSU provincial opioid addiction treatment support program and are supported by 139 preceptors located throughout the province.⁴⁷
 - More than 547 practitioners have completed training to prescribe opioid agonist treatments through the BC Centre on Substance Use. Of those who have completed the training, 115 are nurse practitioners. In addition, 53 prescribers have completed training in injectable opioid agonist treatment.

4. Addressing the Full Range of Supports and Social Factors.

Progress since last report:

⁴² BC Government. (July 16, 2020). *Overdose Response Actions – Update*. Available at: <https://news.gov.bc.ca/factsheets/actions-to-prevent-overdoses-in-bc-1>

⁴³ Island Health. (2020, April 3). *New wellness and recovery centre to open in the Cowichan Valley*. Available at: <https://www.islandhealth.ca/news/news-releases/new-wellness-and-recovery-centre-open-cowichan-valley>

⁴⁴ BC Government, July 16, 2020.

⁴⁵ BCCSU. (2020). *24/7 Addiction Medicine Clinician Support Line*. Available at: <https://www.bccsu.ca/24-7/>

⁴⁶ BCCSU. (2020). *Addiction Care and Treatment Online Certificate*. Available at: <http://www.bccsu.ca/about-the-addiction-care-and-treatment-online-certificate/>

⁴⁷ BCCSU. (2020). *Provincial Opioid Treatment Support Program*. Available at: <http://www.bccsu.ca/provincial-opioid-addiction-treatment-support-program/>

- Grants totalling \$1.6 million will be provided to escalate the overdose response in rural and Indigenous communities and to provide supports including groups for grief and loss, family services, and networks for people and families impacted by the overdose crisis.
- The fund also supports continued investments to ensure people with lived and living experience are involved in service delivery, policy and program development including:
 - Peer Coordinators: \$600,000 was allocated to the regional health authorities and the BC Centre for Disease Control to support implementation of peer coordinators or peer related supports for substance use. This funding supports peer engagement across the substance use treatment system of care including in health authority planning and program development.
 - Provincial Peer Network: Funding was provided to support a provincial peer network coordinated by the BC Yukon Association of Drug War Survivors, which includes membership from numerous peer organizations across the province.

5. Improving Public Safety

On July 9, 2020, the Canadian Association of Chiefs of Police recommended that all police agencies in Canada recognize substance use and addiction as public health issues to help reduce drug overdoses and endorsed the decriminalization of personal possession of illicit drugs.

In July 2020, Premier John Horgan called on the federal government to decriminalize people who possess controlled substances for personal use, as a necessary step in responding to the overdose crisis and as a key component of a public health and human-rights approach to psychoactive substance use. This request was made in part to recognize that in BC, the criminalization of simple drug possession has been an impediment to public health initiatives to reduce harms related to substance use and has led many of the province's most vulnerable citizens to have unnecessary exposure to the criminal justice system, when what they really need is access to evidence-based treatment and harm reduction services that we know save lives.

Conclusion

Since COVID-19 measures have been in place, there has been reduced access to overdose prevention and supervised consumption sites and community drug checking services; increased social isolation, stress, and anxiety; and changes in employment, income, and housing. While these issues are contributing to the worsening of overdose in BC, the key driver of increased mortality is the growing toxicity and unpredictability of street drugs since late March 2020, due to disruptions to the drug supply chain. Higher fentanyl concentrations and an increase in unexpected, dangerous combinations of drugs have been observed across multiple drug surveillance data sources.

As this report illustrates, the Ministry of Mental Health and Addictions continues to work closely with the federal government, local governments, the Provincial Health Officer, other provincial government ministries, health authorities, the First Nations Health Council, First Nations Health Authority and other Indigenous organizations such as Métis Nation BC, and community partners to continue to take action to ensure a comprehensive and robust response to the overdose

emergency particularly in the light of an alarming increase in overdose deaths and the dual impacts of COVID-19.

Operating Grant: COVID-19 Mental Health & Substance Use Service Needs and Delivery/Subvention de fonctionnement : Besoins et services en matière de santé mentale et de toxicomanie dans le contexte de la COVID-19 Application/Demande 2020-07-07

Summary of Research Proposal/Résumé de la proposition de recherche

Background: Increasing drug supply toxicity, isolation, and reduced access to harm reduction services have contributed to a tragic increase in overdose deaths in British Columbia (BC) since COVID-19 onset. Overdose prevention services (OPS) that allow supervised drug consumption, have struggled to adapt to physical distancing requirements and have seen a 35% decline in visits. Concurrently, since 2016 there has been a **large rise in smoking-related overdose deaths**, related to misperceptions of low overdose risk and barriers to OPS access. Many OPS do not permit smoking, or restrict it to secluded areas. **During COVID-19, OPS visits due to smoking have declined more than for other modalities of use. Continuous pulse oximetry allows remote monitoring** and early detection of low oxygen levels (hypoxemia) allowing early intervention (e.g. stimulation, naloxone, oxygen) and reducing the need for assisted respirations that increase viral transmission risk. **There is an urgent need to develop a remote monitoring system at OPS that maintains physical distancing and improves staff confidence in responding, to increase OPS access for people who smoke drugs and decrease overdose deaths.**

Objectives: This project meets eligibility criteria for the COVID-19 Mental Health & Substance Use Service Needs and Delivery Funding Program in the subtopic area of Developing Innovative Adaptations of Services and/or Delivery. **Our primary objective is to implement a novel continuous pulse oximetry protocol for people who smoke opioids at OPS that will allow for safe monitoring while abiding by physical distancing required during COVID-19 (Criteria 2a).** Our secondary objective is to describe the incidence, timing, duration, and severity of hypoxemia among people who smoke opioids.

Methods: We propose to conduct an implementation study over one year at six partnering OPS in BC. Peers and OPS staff will be involved at all study stages to co-develop and refine protocols and instruments. We will enroll persons aged 18 years and older presenting to consume opioids or “down” by smoking. Peer researchers will enroll participants and collect data. Participants will attach a continuous pulse oximetry device to their wrist during drug use, that will transmit continuous oxygen saturation readings to iPads available to OPS staff in real-time. We will train OPS staff to respond in a protocolized manner to oxygen saturation readings.

We will assess the **feasibility, acceptability, and effectiveness** of our continuous pulse oximetry monitoring protocol from the perspective of participants and providers. We will assess feasibility outcomes via structured client observations, and checklists of intervention components (and qualitative feedback) integrated into end-of-day OPS staff huddles, to assess implementation fidelity and to guide refinements. Acceptability indicators will be client and staff satisfaction with the equipment and protocol, clients’ willingness to return, and refusal rates and reasons for refusal. Effectiveness indicators will be identification of hypoxemia and overdose, and the extent to which the intervention enables staff to maintain physical distancing, assessed by structured observations. We will summarize the incidence, timing, and duration of hypoxemia among participants, and describe mean and median oxygen saturation levels during hypoxemic episodes as a measure of severity.

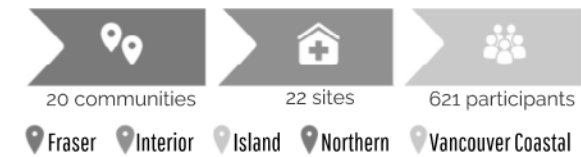
Feasibility and Impact: BC has a number of OPS that allow smoking, and therefore has a unique opportunity to develop a monitoring protocol and study smoking-specific risks. **Our immediate impact will be implementation of a novel continuous pulse oximetry protocol at OPS, with broader implications for monitoring people who use drugs alone and in private locations in BC and Canada.** We are collaborating with makers of the “Lifeguard app,” which activates 9-1-1 calls if people are unable to respond to timed alarms while using drugs. We are jointly exploring ways to incorporate findings on hypoxemia timing and duration into smoking-specific alarm settings, and to integrate remote oxygen monitoring into this app. We are also working with BC housing to eventually pilot remote, continuous pulse oximetry monitoring for people using drugs in private rooms in supportive housing units. Our findings will inform **urgent provincial and national harm reduction initiatives and policies** to improve monitoring, enable physical distancing, and match access to OPS and other harm reduction services to the specific needs of people who smoke drugs in order to reduce overdose deaths during COVID-19.

BC Overall

2019 BC Harm Reduction Client Survey

The B.C. Harm Reduction Program administered a survey to harm reduction supply distribution site clients across BC from October to December 2019 to assess regional differences in drug use and inform harm reduction planning and service quality improvement. Key findings from the survey are presented here. The total number of respondents for each question may differ.

Who took part?

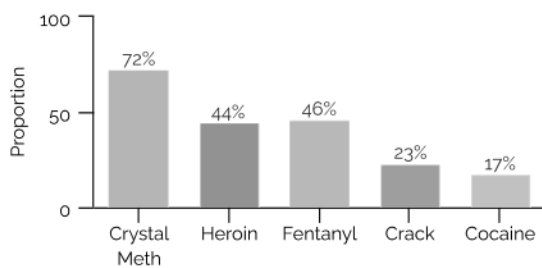


Self-identified gender



Substance use patterns

Past 3-days self-reported drug use



The median number of substances reported used in the past 3 days was 3.

Mode of substance use

Among those that reported heroin use:

- 50% injected; 73% smoked

Among those that reported fentanyl use:

- 48% injected; 67% smoked

Overall, 63% of respondents identified **SMOKING or INHALATION** as the preferred method of drug use, while 28% preferred injection, and 4% preferred snorting.

Overdose

17% experienced an **OPIOID OVERDOSE** in the past six months

57% witnessed an **OPIOID OVERDOSE** in the past six months

12% experienced a **STIMULANT OVERDOSE** in the past six months

Potential harms

Of 497 people that used glass pipes to smoke drugs in the past 6 months:

- 32% used a second-hand pipe
- 20% injected instead when they couldn't find unused smoking equipment

Of 283 people that injected drugs in the past 6 months:

- 10% had trouble getting unused needles
- 8% had fixed with a needle used by someone else

More than half of participants (51%) reported using drugs alone often or always. Reasons for using drugs alone included:

- convenience and comfort;
- not having anyone else around;
- not wanting to share drugs; and,
- not wanting others to know.

Keeping safe and harm reduction

69% of participants owned a Take Home Naloxone kit, but less than half (46%) owned a cell phone.

Of those that injected drugs, 55% had used drugs at an Overdose Prevention Services site in the past 6 months.

Of 334 people that had tried to access opioid agonist therapy (OAT) in the past six months, 80% did not report difficulties while 20% reported difficulties, including:

- unable to find a prescribing physician
- were not offered preferred OAT
- worry about being stigmatized at clinic
- prescription stopped due to use of positive urine test
- had no pharmacies nearby